

Water Infrastructure Finance Authority of Arizona (WIFA)
Project Technical Assistance Master Priority List Application

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Application # TA _ W - _ _ _ - 2006 (WIFA use only)

SECTION 1: APPLICANT INFORMATION

- 1.0 Applicant:
- 1.1 Contact:
- 1.2 Address:
- 1.3 Phone #:
- 1.4 FAX #:
- 1.5 E-mail Address:
- 1.6 County in Which Project is Located:
- 1.7 Number of Connections to the System:
- 1.8 Population Served by the System:
- 1.9 Average Monthly User Fees (*base & use*) for an Average Residential User: \$
- 1.10 Total Debt (*Principal Only*) Payable by System Users: \$
- 1.11 Estimated or Actual Median Household Income:
- 1.12 ADEQ System Identification Number:
- 1.13 Prior Year WIFA Funding (*grant or loan*):

SECTION 2: PROPOSED PROJECT DESCRIPTION

- 2.0 Project Funding Assistance is for (*check one*):
 - ☐ Wastewater Project (CW)
 - ☐ Drinking Water Project (DW)
- 2.1 Is the proposed project for Pre-Design activities, i.e. system evaluation, feasibility study, district formation, etc., or Design activities, i.e. engineering plans and specifications, value engineering, etc.
 - ☐ Pre-Design
 - ☐ Design
- 2.2 Project Title/Name:

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- 2.3 Briefly summarize the reason for the proposed project and/or attach a summary: *(Include descriptions of the benefit achieved from the proposed project; how the proposed project will contribute towards the overall goal of resolving the issues of the system; the next envisioned/planned steps after the proposed project is completed; and the existing facilities, including current conditions initiating the proposed project.)*

Sections 2.4 - 2.6 are specific to project type. If TA is for a Drinking Water system, then skip to the next page.

Wastewater Projects

- 2.4 Project Description *(Check appropriate Project Category(ies) and Project Type within the Project Category):*

- | | |
|---|--|
| <input type="radio"/> Facility Upgrade <i>(Check Project Type)</i> | <input type="radio"/> Collection Lines <i>(Check Project Type)</i> |
| <input type="radio"/> Meet More Stringent Standards | <input type="radio"/> Extend Service to Unsewered Area with Documented Water Quality Problem |
| <input type="radio"/> Relieve Existing Design Inadequacies | <input type="radio"/> Rehabilitate or Replace Existing Lines |
| <input type="radio"/> Resolve Existing O/M Violations | <input type="radio"/> Extend Service to Unsewered Area |
| <input type="radio"/> Expand Treatment Capacity <i>(Check Project Type)</i> | <input type="radio"/> Replace Lines for Existing Growth |
| <input type="radio"/> Existing Service Area | <input type="radio"/> Replace Lines for Future Growth |
| <input type="radio"/> Unsewered Area Outside Service Area | |
| <input type="radio"/> Future Growth | <input type="radio"/> Additional Disposal Capacity |

- 2.5 Reclaim, Reuse & Recharge:

- a. Will the project reclaim, reuse, or recharge of the wastewater? ☐ Yes ☐ No
- b. If above is "Yes," include the Aquifer Protection Permit # or Application Date:
- c. Will the project recycle wastewater constituents? ☐ Yes ☐ No
- d. If above is "Yes," include Reuse Permit # or Application Date:
- e. Indicate intended Class, and use of reclaimed water:

- 2.6 Facility will Discharge to *(Check appropriate box):*

- | | |
|--|--------------------------|
| <input type="radio"/> Surface Water | Discharge Name/Location: |
| <input type="radio"/> Groundwater/Aquifer | Discharge Name/Location: |
| <input type="radio"/> Other Use <i>(including reclaiming and reusing; summarize on attachment)</i> | |

- 2.7 Consolidation and Regionalization *(Check appropriate boxes):*

- | | |
|--|--|
| <input type="radio"/> Consolidate Existing Physical Facilities | <input type="radio"/> Consolidate Existing Service Areas |
| <input type="radio"/> Consolidate Existing Operations | <input type="radio"/> Consolidate Existing Ownerships |

- 2.8 System Compliance:

- ☐ Notice of Violations and/or Consent Orders from regulatory agency
 - ☐ ADEQ
 - ☐ Other: _____

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Drinking Water Projects

2.4 Project Description, Facilities (Check appropriate boxes):

	Repair	Rehab	Upgrade	Replace	Expand
Well or Spring Box					
Storage					
Distribution & Booster Pumps					
Treatment & Disinfection					

Other:

2.5 Secure a New Water Source (Check appropriate box):

- ☐ Ground Water ☐ Surface Water ☐ Ground Water under Direct Surface Influence

2.6 Water System Improvement:

- ☐ Addresses Deficiencies Identified by ADEQ's Master Priority List
- ☐ Submitted a Complete Capacity Development Plan to ADEQ
- ☐ Project includes Installing Meters to Monitor Water Use

2.7 Consolidation and Regionalization (Check appropriate boxes):

- ☐ Consolidate Existing Physical Facilities
- ☐ Consolidate Existing Service Areas
- ☐ Consolidate Existing Operations
- ☐ Consolidate Existing Ownerships

2.8 System Compliance:

- ☐ Notice of Violations and/or Consent Orders from regulatory agency
 - ☐ ADEQ
 - ☐ Other: _____

2.9 Which of the following will be used for the proposed project?

- ☐ Consultant/Contractor selected by WIFA (at the applicant's request, WIFA will select a consultant/contractor to assist the applicant with the proposed project)
- ☐ Consultant/Contractor selected by applicant (please list)

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SECTION 3: AMOUNT OF PROJECT TECHNICAL ASSISTANCE

3.1 Estimated Technical Assistance Costs & Funding Sources (Pre-Design/Design Costs Only)

<u>Estimated Technical Assistance Costs</u>	<u>Amount Requested from WIFA</u>	<u>Amount Funded Locally by System</u>	<u>Amount Funded from Other Sources</u>
\$	= \$	+ \$	+ \$

List Names of Other Funding Sources:

3.2 Technical Assistance Grants must include an applicant's contribution. The contribution can include cash contributions, in-kind contributions, and contributions financed by grants, loans or debt from any source including a loan from WIFA. Indicate the applicant's contribution:

3.3 Estimated Date WIFA Funding Required:

SECTION 4: CERTIFICATION & APPROVAL

4.1 **WIFA requires the governing body of the applicant requesting Project Technical Assistance to adopt a resolution acknowledging and authorizing the request for assistance. Attach a copy of the resolution or indicate the scheduled date for adopting the resolution.**

4.2 *As the Authorized Representative, I certify that the information contained in this application is, to the best of my knowledge, true, accurate, and correct.*

Authorized Representative Name:

Authorized Signature:

Date:

Authorized Representative Title: